

## Pennsylvania Prescription Drug Monitoring Program System User Terms and Conditions: Office of the Attorney General

By using the Pennsylvania Prescription Drug Monitoring Program System (PA PDMP), you attest to the following:

### GENERAL TERMS AND CONDITIONS

- 1) I understand that the data from the PA PDMP is protected health information and any information accessed must be treated as confidential.
- 2) I understand that any person who knowingly or intentionally makes an unauthorized disclosure of information from the PA PDMP database will be subject to civil and criminal penalties as set forth in the ABC-MAP Act 2014-191, Act of Oct. 27, 2014, P.L. 2911 (Act).
- 3) I understand that the PDMP data is available to all authorized users 24 hours per day, 7 days per week and 365 days per year.
- 4) I understand that all PA PDMP users must implement appropriate administrative, technical and physical safeguards to ensure the privacy and security of the PA PDMP controlled substance dispensation information.
- 5) I understand that PA PDMP usernames and passwords are assigned to individuals and not to facilities. All authorized users must have their own accounts using their own credentials. Usernames and passwords cannot be shared. Any violations of username and password security may result in revocation of direct access.
- 6) I understand that the database may contain errors and omissions. The PA PDMP Office shall investigate any reports of erroneous data at the request of a patient or authorized user. This data is submitted to PA PDMP by pharmacies; therefore, the pharmacies shall correct the information, if required.
- 7) I understand that I am only permitted to use the PA PDMP for the reasons explicitly stated in the Act.
- 8) I agree to abide by all rules and regulations set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 9) I agree to notify the PA PDMP Office when I am no longer legally authorized to access the PA PDMP.

### PERMISSIBLE USE OF PA PDMP

- 1) I attest that I am a designated representative from the Office of the Attorney General who is authorized to query the PA PDMP on behalf of all law enforcement agencies, including, but not limited to, the Office of the Attorney General and federal, state and local law enforcement agencies.
- 2) I understand that PA PDMP data obtained by a law enforcement agency shall only be used to establish probable cause to obtain a search warrant or arrest warrant.
- 3) I understand that I am only permitted to query the PA PDMP for schedule II controlled substances as indicated in the Act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, and in the manner determined by the Pennsylvania Attorney General pursuant to 28 Pa. Code 25.131.

#### **Prescription Drug Monitoring Program**

Room 912 Health & Welfare Building | 625 Forster Street | Harrisburg PA 17120-0701

E-mail: [RA-DH-PDMP@pa.gov](mailto:RA-DH-PDMP@pa.gov)

- 4) I understand that I am only permitted to query the PA PDMP for all other schedules (III-V) when I have received a court order obtained by the requesting law enforcement agency as identified in the Act.
- 5) I understand that I can query the system on behalf of a grand jury investigating a criminal violation of a law governing controlled substances as identified in the Act.
- 6) I agree to only query the PA PDMP to fulfill my duties as a designated representative from the Office of the Attorney General.
- 7) I agree to always include a valid case number and/or court order information when querying the PA PDMP.

**I accept the above conditions and attest that I am legally authorized to access the PA PDMP.**

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_